

PERMITTEE NAME/ADDRESS:

NAME: ANCHORAGE, MUNICIPALITY OF
ADDRESS: 3000 ARCTIC BLVD.
ANCHORAGE AK 99503-3898

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

AK0022551	001 A
PERMIT NUMBER	DISCHARGE NUMBER
(2-16)	(17-19)

MAJOR
(SUBR 02)
F - FINAL

FACILITY: JOHN M. ASPLUND WPCF—301 (H)
LOCATION: ANCHORAGE, AK 99502
ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD	
FROM	TO
05 01 01	05 01 31
(20-21)(22-23)(24-25)	(26-27) (28-29) (30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (46-53) (54-61)			QUANTITY OR CONCENTRATION (38-45) (46-53) (54-61)				NO. EX 62-63	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
TEMPERATURE, WATER DEG. CENTIGRADE 00010 G 0 1 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	11.9	(04)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
TEMPERATURE, WATER DEG. CENTIGRADE 00010 1 0 1 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	*****	*****	12.5	(04)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	*****	*****	REPORT MAXIMUM	DEG.C		FOUR/ WEEK	GRAB
OXYGEN, DISSOLVED (DO) 00300 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	****	3.5	*****	*****	(19)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MO MIN	*****	*****	MG/L		FOUR/ WEEK	GRAB
BOD, 5-DAY (20 DEG. C) 00310 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	54372	*****	(26)	*****	211	*****	(19)	N/A	FOUR/ WEEK ¹⁾	COMP24
	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 W 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	41573	(26)	*****	*****	168	(19)	0	FOUR/ WEEK ¹⁾	COMP24
	PERMIT REQUIREMENT	*****	90100 DAILY MX	LBS/DY	*****	*****	300 DAILY MX	MG/L		FOUR/ WEEK	COMP 24
BOD, 5-DAY (20 DEG. C) 00310 1 0 0 EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	36982	38834	(26)	*****	146	160	(19)	0	FOUR/ WEEK ¹⁾	COMP24
	PERMIT REQUIREMENT	72100 MO AVG	75100 WKLY AVG	LBS/DY	*****	240 MO AVG	250 WKLY AVG	MG/L		FOUR/ WEEK	COMP 24
PH 00400 G 0 0 RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	*****	****	7.0	*****	7.6	(12)	N/A	FOUR/ WEEK	GRAB
	PERMIT REQUIREMENT	*****	*****	****	REPORT MINIMUM	*****	REPORT MAXIMUM	SU		FOUR/ WEEK	GRAB

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
J. Kris Warren
Manager, Treatment Division
TYPED OR PRINTED

I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years.)

Mark Spams for Kris Warren

SIGNATURE OF PRINCIPAL EXECUTIVE
OFFICER OR AUTHORIZED AGENT

TELEPHONE
DATE
05/02/09
YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Influent BOD results on 1/5,14,25,31 and Effluent BOD results on 1/5,24 invalid because QC limits were not met.

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FEB 14 2005
PS 02/18/05
U.S. EPA REGION 10
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PAGE 1 OF 3

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ADDRESS: 3000 ARCTIC BLVD.

ANCHORAGE

AK 99503

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

AK0022551
PERMIT NUMBER

001 A
DISCHARGE NUMBER

MAJOR
(SUBR 02)
F - FINAL

Form Approved

OMB No. 2040-0004

FACILITY: MOA, JOHN M. ASPLUND WPCF

LOCATION: ANCHORAGE, AK 99502

ATTN: MARK PREMO P.E. GEN MGR. AWWU

MONITORING PERIOD			
FROM	05	01	01
TO	05	01	31
	(20-21)	(22-23)	(24-25)
	(26-27)	(28-29)	(30-31)

*** NO DISCHARGE ☐ ***

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING (48-53)			QUANTITY OR CONCENTRATION (54-61)				NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNIT			
PH	SAMPLE MEASUREMENT	*****	*****	***	6.9	*****	7.2	(12)	0	FOUR/ WEEK	GRAB
00400 1 0 0	PERMIT REQUIREMENT	*****	*****	***	6.5 MINIMUM	*****	8.5 MAXIMUM	SU		FOUR/ WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	55292	*****	(26)	*****	216	*****	(19)	N/A	FOUR/ WEEK	COMP24
SOLIDS, TOTAL	PERMIT REQUIREMENT	REPORT MO AVG	*****	LBS/DAY	*****	REPORT MO AVG	*****	MG/L		FOUR/ WEEK	COMP24
SUSPENDED	SAMPLE MEASUREMENT	14065	17032	(26)	*****	55	62	(19)	0	FOUR/ WEEK	COMP24
00530 G 0 0	PERMIT REQUIREMENT	51000 MO AVG	54000 WKLY AVG	LBS/DAY	*****	170 MO AVG	180 WKLY AVG	MG/L		FOUR/ WEEK	COMP24
RAW SEW/INFLUENT	SAMPLE MEASUREMENT	*****	24721	(26)	*****	*****	78	(19)	0	FOUR/ WEEK	COMP24
SOLIDS, TOTAL	PERMIT REQUIREMENT	*****	57000 DAILY MX	LBS/DAY	*****	*****	190 DAILY MX	MG/L		FOUR/ WEEK	COMP24
SUSPENDED	SAMPLE MEASUREMENT	*****	*****	***	*****	66	*****	(30)	0	THREE/ WEEK ¹⁾	GRAB
00530 W 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	850 MO GEO	*****	MPN/ 100ML		THREE/ WEEK	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	29.976	*****	(03)	*****	*****	*****	****	N/A	CONTIN UOUS	RCORDR
FLOW IN CONDUIT OR	PERMIT REQUIREMENT	MO AVG	*****	MGD	*****	*****	*****	****		CONTIN UOUS	RCORDR
THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	1.1	(19)	0	EVERY 3 HRS	GRAB
50050 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	1.2 DAILY MX	MG/L		EVERY 4 HRS	GRAB
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	***	*****	*****	*****	*****	*****	*****	*****
CHLORINE, TOTAL	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
RESIDUAL	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
50060 1 0 0	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****

J. Kris Warren Manager, Treatment Division	I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN; AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT. SEE 18 U.S.C. §1001 AND 33 U.S.C. §1319. (Penalties under these statutes may include fines up to \$10,000 and/or maximum imprisonment of between 6 months and 5 years.)	Mark Spano for Kris Warren	TELEPHONE	DATE
			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	19075664-2799
TYPED OR PRINTED			AREA CODE NUMBER	YEAR / MO / DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1) Fecal Coliform tests planned for 1/6-8 were not completed due to a scheduling error; three extra tests were run later in month to compensate.

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F - FINAL

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FACILITY: MOA, JOHN M. ASPLUND WPCF

LOCATION: ANCHORAGE, AK 99502

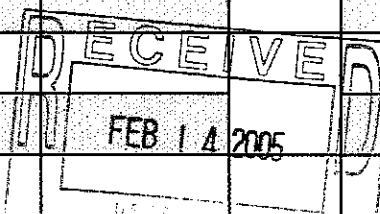
ATTN: MARK PREMO P.E. GEN MGR. AWWU

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FROM	05	01	01
TO	05	01	31
	(20-21)	(22-23)	(24-25)

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		AVERAGE (54-55)	MAXIMUM (56-57)	UNITS (58-59)	MINIMUM (46-47)	AVERAGE (48-49)	MAXIMUM (50-51)	UNIT (52-53)			
NITROGEN, AMMONIA TOTAL (AS N) 00610 1 1 0	SAMPLE MEASUREMENT	*****	*****	****	*****	18.7	*****	(19)	N/A	ONCE/ MONTH	COMP24
EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	REPORT MO AVG	*****	MG/L	N/A	ONCE/ MONTH	COMP24
BOD, 5-DAY PERCENT REMOVAL 81010 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	31	*****	*****	(23)	N/A	ONCE/ MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/ MONTH	CALCTD
SOLIDS, SUSPENDED PERCENT REMOVAL 81011 K 0 0	SAMPLE MEASUREMENT	*****	*****	****	75	*****	*****	(23)	N/A	ONCE/ MONTH	CALCTD
PERCENT REMOVAL	PERMIT REQUIREMENT	*****	*****	****	REPORT MO AVG	*****	*****	PER- CENT	N/A	ONCE/ MONTH	CALCTD



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J. Kris Warren			
Manager, Treatment Division			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
		Mark Spano for Kris Warren	(907)564-2799
			05/02/09
			YEAR MO DAY

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Forms by WindowChem(707)864-0845/p/11090/v5.01/4/1/96, Rev. 1/05, BN